

STANDARD CERTIFICATE OF DEATH

State File No. 2392

FEB 14 1941

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Dallas
 (b) City or town Rural Sherman
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. (Specify whether
 In this community
 years, months or days)

3. (a) PRINT
FULL NAMECharles Thomas Price3. (b) If veteran,
name war.3. (c) Social Security
No.4. Sex M5. Color or
race W6. (a) Single, widowed, married,
divorced M6. (b) Name of husband or wife
Viola Price6. (c) Age of husband or wife if
alive years

7. Birth date of deceased

2
(Month)25
(Day)1886
(Year)

8. AGE:

Years

Months

Days

If less than one day

541021

hr. min.

9. Birthplace

Union ForkUtah

(City, town, or county)

(State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

12. Name

Unknown

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

Viola Price

(b) Address

Tunas Mo

17. (a)

Burial

(b) Date thereof

1-16-41

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Hopewell

18. (a) Signature of funeral director

L. B. Jones

(b) Address

Buffalo Mo

19. (a)

Jan. 30, 41

(b)

Wm. Stogdill

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dallas
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Tunas Mo
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 15
 year 1941 hour 9 minute 7 M.

21. I hereby certify that I attended the deceased from
1-14- 1941 to 1-14- 1941;
 that I last saw him alive on 1-14- 1941;
 and that death occurred on the date and hour stated above.
 Immediate cause of death Lobar Pneumonia Duration
all lobes. (?)

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

None

Of autopsy

None

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?

(City or town)

(County)

(State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

851

While at work?

(Specify type of place)

(e) Means of injury

23. Signature R. E. Hainell (M. D. or other)Address Buffalo Mo Date signed 1-24-41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,
District File Number 2-4-182
Date Filed 2-4-46

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Clyde Montgomery
Licensed Embalmer No. 3592
P. O. Address Buffalo Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.